L04000022708

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	Idress)	
(Cit	ty/State/Zip/Phone	· #)
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SECRETARY OF STATE, ALLAHASSEF, FI OBIG.

TRANSMITTAL LETTER

INHS17(11/02)

TO: Amendment Section Division of Corporations
SUBJECT: AIRSOUTH PARTS & SERVICES LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: L04000022708
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARCO A. TEITELROIT
(Name of Person)
AIRSOUTH PARTS & SERVICES LLC
(Name of Firm/Company)
7345 Sand Lake Rd. Ste. 218
(Address)
Orlando FL 32819
(City/State and Zip Code)
For further information concerning this matter, please call:
Ruben D. Toro ait (407) 370-6445 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,	
STELA KRETCH	ETOFF , hereby resigns as	
	(Name of Registered Agent)	
Registered Agent for	AIRSOUTH PARTS & SERVICES LLC	
	(Name of Limited Liability Company)	
L04000022708		
(Document No	umber, if known)	
A copy of this resigna	tion was mailed to the above listed limited liability company at its last known address.	
The agency is termina	ted and the office discontinued on the 31st day after the date on which this statement is filed	ι.
	(Signature of Resignifig Agent)	
If signing on behalf of	f an entity:	
	STEIA KRETCHETOFF (Typed or Printed Name) MANABER (Capacity)	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

2007 MAY -7 PM 4: 27
SECRETARY OF STATE